

## SPEECH-LANGUAGE PATHOLOGY TRAINING PROJECT ANNUAL PROGRESS REPORT

### TO: OFFICE OF PUBLIC INSTRUCTION SPEECH/LANGUAGE TRAINEESHIP PARTICIPANTS

Please complete and RETURN this Progress Form **as soon as possible** to the address listed below. If you wish to continue to participate in the project, you must complete this Progress Form and return it to our office. If you have met licensure requirements as a speech-language pathologist, please indicate this on the form and return it with a copy of your license.

The purpose of our project is to provide education stipends to bachelor degree personnel working toward completion of licensure requirements as a speech-language pathologist. Your commitment to complete the project is greatly appreciated. *It is important that you let us know of any changes in your address, phone, or employment status.*

Name \_\_\_\_\_ SS# \_\_\_\_\_

Home Address \_\_\_\_\_  
Street City State/Zip

Home Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

Are you currently employed or have a contract with a School District/Special Education Cooperative?  
☐ Yes ☐ No

Name of the School Dist/Special Ed Coop \_\_\_\_\_

Name of Superintendent/Director \_\_\_\_\_

Work Address \_\_\_\_\_  
Street City State/Zip Work Phone

University Where Enrolled \_\_\_\_\_ Semester Last Attended \_\_\_\_\_

1. Do you plan to continue with the speech stipend program? ☐ Yes ☐ No If no, please explain:

\_\_\_\_\_  
\_\_\_\_\_

2. Are you currently enrolled in class(es)? ☐ Yes ☐ No If yes, and you have not sent in documentation, please send a receipt or other verification of your payment for the classes. A paid receipt is required in order for you to be reimbursed.

3. Are you currently taking prerequisite courses? ☐ Yes ☐ No

If yes, how many prerequisite courses remain to be completed prior to entering the master's program? \_\_\_\_\_  
\_\_\_\_\_

4. Any other questions or concerns? Please attach.

#### Please send to:

Susan Bailey-Anderson, SIG Director  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501  
(406) 444-2046 – E-mail sbanderson@mt.gov



Linda McCulloch, Superintendent  
Office of Public Instruction  
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Helena, MT 59620-2501  
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*Completion of this form is necessary on an annual basis. Funds will not be made available for the fiscal year without a copy of this form on file at the Office of Public Instruction.*